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From-MARTIN&FERRAROLLP

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FACSIMILE TRANSMITTAL

TO:

Name: Office of Initial Patent Examination
Firm: U.S. Patent & Trademark Office

Fax No.: 703-746-9195

Subject: U.S. Patent Application No. 10/692,545
Gary Karlin Michelson
Filed: October 24, 2003
DISTRACTOR FOR USE IN SPINAL SURGERY
Attorney Docket No. 102.0003-05000
Customer No. 22882
Confirmation No.: 1113

FROM:

Name: Amedeo F. Ferraro, Esq.

Phone No.: 310-286-9800

No. of Pages (including this): 16

Date: July 1, 2004

Confirmation Copy to Follow: No

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$430.00 additional claims fee charged to Deposit Account No. 50-1068), Amendment, and Request for Interference Under 37 C.F.R. § 1.607 are being facsimile transmitted to the U.S. Patent and Trademark Office on June 30, 2004.


Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 102.0003-05000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 10/692,545

Filed: October 24, 2003

For: DISTRACTOR FOR USE IN SPINAL
SURGERY

Confirmation No. 1113

(Group Art Unit: 3731)

(Examiner: U. Ho)

Office of Initial Patent Examination
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ No additional fee is required.
- ☐ Applicant hereby requests a ***month extension of time to respond to the above office action.
- ☒ Request for Interference Under 37 C.F.R. § 1.607 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	40	-	31	**	0	\$ 0
INDEPENDENT CLAIMS FEE	8	-	3	***	5	\$ 430.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ -0-
TOTAL						\$ 430.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☒ An additional claims fee in the amount of \$430.00 is to be charged to Deposit Account No. 50 1068.
- ☐ A check in the amount of \$___ to cover the three month extension of time fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
MARTIN & FERRARO, LLPBy: 

Amedeo F. Ferraro

Registration No. 37,129

Date: July 1, 2004

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PATENT
Attorney Docket No. 102.0003-05000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	Confirmation No. 1113
Gary K. Michelson, M.D.)	
Serial No.: 10/692,545)	(Group Art Unit: 3731)
Filed: October 24, 2003)	(Examiner: U. Ho)
For: DISTRACTOR FOR USE IN)	
SPINAL SURGERY)	

Office of Initial Patent Examination
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

Please amend the application as follows:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper.

Remarks begin on page 8 of this paper.

Amendment 6-30-04.doc